



Edward Hines, Jr. VA Hospital

PGY1 Pharmacy Residency

Frequently Asked Questions & Program Information

Edward Hines, Jr. VA Hospital Pharmacy Residency Program

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Or, visit our website:

http://www.hines.va.gov/about/pharm_residency.asp

We Embrace Our Veterans' Healthcare Needs, One Veteran at a Time

Edward Hines, Jr. VA Hospital, located just minutes from downtown Chicago, provides care to approximately 54,000 veterans. The residency program develops the resident into a versatile practitioner able to excel in pharmacy practice, pharmacotherapy education, and administrative practice through active participation in a variety of settings. Experiences available to residents include:

- **Ambulatory Care**
 - Community Based Outpatient Clinics (CBOCs) – Aurora, Elgin, Joliet, Kankakee, La Salle, and Oak Lawn
 - Hines VA campus
- **Anticoagulation**
 - Home Based Primary Care
 - Inpatient Management
 - Outpatient Clinic
- **Clinical Informatics and Technology**
- **Critical Care**
 - Medical Intensive Care
 - Surgical Intensive Care
- **Formulary and Medication Management**
- **Geriatrics**
 - Community Living Center (Long Term Care)
 - Home Based Primary Care
 - Hospice
- **Group Medication Teaching**
 - Diabetes
 - Smoking Cessation
- **Infectious Diseases**
- **Internal Medicine**
- **Longitudinal Training**
 - Home Based Primary Care Anticoagulation
 - Pharmacy Practice Management
- **Mental Health (Psychiatry)**
- **Nutrition Support**
- **Other**
 - Pharmacy Residency Recruitment
 - Pharmacy Student Co-precepting
- **Clinical Pharmacy Management**
- **Pharmacy Project Management**
- **Specialty Clinics**
 - Geriatrics
 - Hepatology
 - Nephrology
 - Women's Health
- **Teaching and Learning Certificate**
- **Hospital Practice**

Residents may precept pharmacy students from the University of Illinois at Chicago, Northwestern University Chicago, Southern Illinois University at Edwardsville, Chicago State University, Creighton University School of Pharmacy and Health Professions, Ohio Northern University, or Lake Erie College of Osteopathic Medicine (LECOM). They participate in journal clubs and patient case presentations, perform formal presentations, and provide in-service education to staff. Administrative practice includes experiences with formulary, personnel, pharmacoeconomics, policy, and safety management. Completion of a major project is required and publication is encouraged.

Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency

Frequently Asked Questions & Program Information

Where is Edward Hines, Jr. VA Hospital located?

Edward Hines, Jr. VA Hospital is located just outside the western city limits of Chicago and is less than a half-hour drive from downtown using the Eisenhower (290) Expressway. The campus is also accessible by public transportation. Hines VA is located next to Loyola University Medical Center in Maywood, Illinois, and has many affiliated practitioners.

For more information on where Hines is located and travel information please go to our website: www.hines.va.gov.

What is the purpose statement for the pharmacy residency?

The purpose of the Edward Hines, Jr. VA Pharmacy Residency Program is to build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Is the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency Program ASHP accredited?

Yes.

How many residents are recruited?

Ranges from five to eight.

How many applicants typically apply each year?

The number has increased over the last several years. For the class of 2016 we received 92 applications.

What are the pharmacy residency applicant requirements?

- U.S. Citizenship
- Doctor of Pharmacy degree from an ACPE Accredited College of Pharmacy or equivalent experience
- Eligible for licensure to practice pharmacy in one of the states or territories of the United States or the District of Columbia within three months from the date of the resident's appointment
- Equal Opportunity Employer

How does an interested residency candidate apply for the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency Program?

Submit the required application materials through the Pharmacy Online Residency Centralized Application Service (PhORCAS) on or before January 5, 2016. The PhORCAS website is available at <http://www.ashp.org/phorcass> or <https://portal.phorcass.org/>.

Does the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency interview the interested candidate?

Yes. Selected candidates will be contacted for an on-site interview.

The interview is a half day event. The residency candidate will meet the residency program director and coordinator, chief of pharmacy, program preceptors and current PGY1 pharmacy residents. During the

pharmacy and medical center tour, the candidate will be introduced to other pharmacy and health care professionals. The residency program director and/or coordinator provide the candidate with the philosophy, goals and objectives of the Hines PGY1 Pharmacy Residency. The candidate will have the opportunity to ask questions about the program. During the on-site interview candidates can anticipate being asked questions that will assess their verbal skills and determine their thoughts and views on such areas as personal mastery, interpersonal effectiveness, technical skills, customer service, flexibility and adaptability, organizational stewardship, and creative thinking.

Does the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency Program participate in the “Match”?

Yes, the Edward Hines, Jr. VA Pharmacy Residency Program has always participated in the “Match.” Since 2002, pharmacy residency programs have been offered to applicants through the ASHP Resident Matching Program (the “Match”).

How do residency applicants register for the Match?

- You must register for the Match online using the registration portal shared by the Match and the Pharmacy Online Residency Centralized Application Service (PhORCAS), as described in the final section of this page. You should register for the Match only once; applicants who do not obtain a position in Phase I of the Match will be automatically eligible to participate in Phase II of the Match and do not need to register a second time.
- **Fee:** You must pay a fee of \$150 US to register for the Match. The registration fee is **non-refundable** (even if you subsequently decide to withdraw from the Match), irrevocable, and is not transferable to future Matches or other applicants; it applies ONLY to the current Match year for the applicant who registers when the fee is paid.

For applicants who do not obtain a position in Phase I of the Match, the fee you pay to register for the Match also covers your participation in Phase II of the Match; no additional fee is required to participate in Phase II.

- **Timing:** It is recommended that applicants register for the Match by **December 31, 2015**. Registrations can be accepted after that date if necessary, but pharmacy residencies must offer all their funded positions that start training in 2016 in Phase I of the Match, so it is recommended that applicants register in time to participate in Phase I of the Match. Applicants applying to residencies in the United States that participate in PhORCAS must register for the Match before they can submit applications to those programs; therefore, applicants are encouraged to register **as soon as possible**.

How is the residency candidate notified if they “Match” with the Edward Hines, Jr. VA Hospital PGY1 Pharmacy Residency Program?

Match result information will be available at 12:00 noon Eastern Time on the Match Results Release Date for each Phase of the Match: **MARCH 18, 2016** for Phase I of the Match and **APRIL 8, 2016** for Phase II of the Match.

The Edward Hines, Jr. VA Hospital Residency Program Director will contact the matched applicant following the “Match.” The matched applicant will receive a letter of confirmation to sign and return to the residency program director.

What is the starting date and length of the residency program?

The residency program starts prior to July 1st (VA pay period 13, last portion of June). It is one year in length like all other pharmacy residencies.

Is the starting date flexible?

Unfortunately, a flexible starting date is not feasible because of funding constraints, an aggressive orientation schedule, and certain residency requirements such as presenting a completed research project at the Great Lakes Residency Conference in the spring.

What is the salary offered for residents?

As of July 2010, the annual salary is \$45,036.00 per year.

What benefits are offered?

- A variety of insurance options are available (e.g. medical)
- 10 paid holidays, 13 vacation days, and 13 sick days
- Laboratory coats
- Each resident has a computer, desk, file space, pager, and phone
- The residents share a large office area
- Approved absence for the Illinois Council of Health-System Pharmacists (ICHP) Annual Fall Meeting, ASHP Midyear Meeting, and the Great Lakes Pharmacy Resident Conference
- Medical Library with electronic journal access
- Free parking
- United States Post Office on grounds

What happens if the resident is not licensed within 90 days from the date of their appointment?

S/he will receive communication that separation action may be initiated if licensure is not secured within 90 days from the date of appointment.

What are the required rotations?

Required rotations include: Ambulatory Care, Anticoagulation, Geriatrics (Long Term Care or Home Based Primary Care), Hospital Practice, Internal Medicine, and Formulary and Medication Management, and longitudinal experiences in Clinical, Pharmacy, and Project Management. The clinical practice longitudinal training is experienced within the Inpatient Anticoagulation Management Service approximately one to two weekends a month all year long. In addition, you will be assigned a panel of HBPC anticoagulation patients to monitor all year long. The Pharmacy Management longitudinal training occurs once weekly in the morning (before the resident's daily rotation begins) throughout the course of the year.

What elective rotations are available to choose from? What elective rotations are offered?

The **electives** currently available include Ambulatory Care, Internal Medicine, Clinical Informatics and Technology, Clinical Management, Critical Care (ICU/SICU), Drug Information, Hospice, Infectious Diseases, Medical Oncology, Mental Health (Psychiatry), Nutrition Support, National/VISN/Facility Pharmacy Benefits Management, and Specialty Clinics including but not limited to Geriatrics, Hepatology, Infectious Diseases, Nephrology, and Women's Health.

How many elective rotations can I take?

Two (2) elective rotations.

How long are the rotations?

Both elective and required rotations are six weeks long.

Will all rotations be experienced at the Edward Hines, Jr. VA Hospital campus?

All clinical rotations except for the Ambulatory Care learning experience will be on the Hines campus. The Hines VA campus and the six Community Based Outpatient Clinics (CBOCs) all provide primary care to our veteran patients. Residents will be assigned to the Hines location and one of the following six CBOCs (Aurora, Elgin, Joliet, Kankakee, La Salle, and Oak Lawn) depending on the availability of the preceptors and the resident's desire for precepting pharmacy students.

Can rotations be experienced at an outside facility for learning experiences not offered at the Hines VA Hospital (e.g., pediatrics and transplantation, etc.)?

Rotations are to be completed within the Department of Veterans Affairs. Elective rotations are flexible within the facility but there are no rotations offered outside of the Department of Veterans Affairs.

What are the required longitudinal experiences?

Residents have weekly meetings with the Residency Director and Chief of Pharmacy Service to develop their management skills.

Residents will practice pharmaceutical care within Inpatient Anticoagulation Management Service approximately one to two weekends a month. In addition, residents will be assigned a panel of HBPC anticoagulation patients to monitor for efficacy and safety.

What are some of the required residency activities?

During the year a resident will learn to think critically about published literature and become adept at presenting this information in a variety of formats. One ACPE accredited continuing education seminar providing updates on new or controversial pharmacotherapeutic topics will be presented to the pharmacy staff. In addition, residents will be required to complete a medication use evaluation (MUE) and create a treatment protocol/guideline. Residents are also asked to write at least one article for the Pharmacy Service's Newsletter. Furthermore, the major residency project will require presentation at the Great Lakes Pharmacy Resident Conference using Microsoft® Office PowerPoint® software. The resident will also be asked to submit a written manuscript, in format appropriate for publication, detailing project goals, methods and results of their research. Several past residents have had their research posters accepted by international meetings and had their articles published in peer-reviewed medical journals.

In addition, journal club and patient case discussion will be conducted by each resident in discussion format with the pharmacy staff. Likewise, residents will also participate in adverse drug event (ADE) reporting. The resident will prepare and dispense medications following the existing standards of practice and our organization's policies and procedures during the Hospital Practice rotation. Additionally, residents are required to attend the following meetings: Pharmacy and Therapeutics Committee, Root Cause Analysis (RCA)/Medication Error Sub-committee, Monthly Pharmacy Service. Lastly, residents have the opportunity to attend various other VISN and/or Facility meetings associated with their rotation.

Do the residents precept pharmacy students?

Yes. Residents will have several opportunities to interact with pharmacy students from the University of Illinois College of Pharmacy, Midwestern University Chicago College of Pharmacy, Chicago State University College of Pharmacy, Southern Illinois University at Edwardsville School of Pharmacy, Creighton University School of Pharmacy and Health Professions, Ohio Northern University College of Pharmacy, or Lake Erie College of Osteopathic Medicine (LECOM) School of Pharmacy during most of the rotations.

Does the residency have a drug distribution (staffing) component?

Yes. Part of a well-rounded quality pharmacy residency program includes some element of drug distribution (staffing) in order to fully appreciate the complete process of drug delivery to patients. A six-week Hospital Practice experience within the inpatient and outpatient pharmacies is required of the pharmacy residents.

Is BCLS/ACLS training mandatory? Is there an "on-call" program? Is there "code-blue" responsibility?

BLS training is mandatory and ACLS training is optional; however, there is no "on-call" program or "code blue" responsibility.

What patient record system is used at the Hines VA Hospital?

All patient records are electronic and in computerized format. This allows more safe, efficient and effective treatment of patients as well as simplified data collection for residency projects. Drug information resources are widely available on the network. The Department of Veterans Affairs is recognized as one of the most progressive agencies in health care with regard to integrating technology into practice.

Does the program have a teaching certificate?

Yes.

What are some of the pharmacy resident research projects that have been done in the past?

The pharmacy resident research projects are mostly retrospective. Listed below are the titles from recent projects.

Residency Class of 2014 – 2015

- Medication related fall reviews: evaluating the implementation of a pharmacist fall review e-consult service and a computerized method to identify high fall risk medications – *C. Bechtold*
- Assessment of teratogenicity and VA prescribing patterns of antidepressants, mood stabilizers and atypical antipsychotics in women of child-bearing age – *T. Chaddick*
- Dementia in an aging veteran population: the impact of established criteria for use on memantine prescribing patterns – *A. Dilich*
- Comparison of an inpatient and outpatient antibiogram at a VA facility – *M. Fowler*
- Risk factors for the development of infection with ESBL organisms in a veteran population with spinal cord injury – *R. LeWan*
- Effect of niacin on phosphate control in advanced-stage chronic kidney disease patients within the VA population – *K. McArdle*
- Evaluating pharmacists' role in hepatitis C treatment – *K. Shah*
- Safety and efficacy of U-500 insulin in veteran patients with type 2 diabetes mellitus – *J. Sungvorn*

Residency Class of 2013 – 2014

- Change in creatine phosphokinase (CPK) with high dose daptomycin in a veteran population with osteomyelitis – *A. Chew*
- Evaluation of the efficacy of maintenance vitamin D regimens among elderly veterans – *S. Fernandez*
- Effect of conversion from insulin aspart vials to insulin aspart pens on HbA1c in veterans with type 2 diabetes – *M. Fontana*
- The role of mental health pharmacists within the Veterans Affairs (VA) health care system – *P. Hingu*
- The role of mental health pharmacists within the Veterans Affairs (VA) health care system – *K. Leja*
- Outcomes associated with glycemic control in the non-icu hospital setting – *M. McInnis*
- Risk factors for QTC prolongation with haloperidol administration in the ICU setting – *A. Modi*

- Impact of sliding scale insulin use on hypoglycemia in elderly long-term care patients – *B. Muraywid*
- Optimal low-density lipoprotein levels in patients with heart failure – *J. Van Keulen*

Residency Class of 2012 – 2013

- Evaluating the impact of the home based primary care service admission on a geriatric patients drug burden index – *E. Jaidka*
- Evaluating the impact of geriatric service admission on a geriatric resident's drug burden index – *S. Matias*
- Glucose variability and length of hospital stay – *S. Pace*
- Change in Hba1c with dipeptidyl peptidase-4 (DPP4) inhibitors in a veteran population – *G. Patel*
- Evaluation of the need for a unique fasting blood glucose goal in the non-ICU hospital setting – *J. Raschke*
- Evaluating weight changes associated with initiating insulin glargine or insulin neutral protamine hagedorn (NPH) in type 2 diabetic patients in the VA setting – *W. Seggerman*
- Comparison of sulfonylurea continuation versus discontinuation after addition of prandial insulin in type 2 diabetes – *M. Shah*
- Evaluation of the risk factors associated with severe clostridium difficile – *J. Tuazon*

Residency Class of 2011 – 2012

- Time in therapeutic range before and after patient self-testing of international normalized ratio – *A. Au*
- Outcomes of extended-infusion piperacillin-tazobactam for the treatment of gram negative infections in a VA population – *N. Burge*
- Evaluating the impact of a geriatric service on the anticholinergic risk scale score in long-term care patients at the Edward Hines, Jr. VA Hospital – *T. Chiampas*
- Evaluation of the change in Hba1c in type 2 diabetes mellitus patients when switching from insulin vial to insulin pen at Edward Hines, Jr. VA Hospital – *R. Cyriac*
- The effectiveness of Edward Hines, Jr. VA Hospital low molecular weight heparin protocol for initial dalteparin doses in obese patients – *J. Greenberg*
- Effects of azithromycin in non-bacterial exacerbations of chronic obstructive pulmonary disease (COPD) – *D. Nakhleh*
- Comparing change in HgbA1c of patients in pharmacist managed telehealth clinic versus in-person clinic – *K. Patel*

Residency Class of 2010 – 2011

- Impact of an Interdisciplinary Hospice Team in Reducing Use of Non-Palliative Medications – *N. Kablack*
- Evaluation of Adherence to Suggested Laboratory Monitoring Parameters in Veterans Treated with Atypical Antipsychotics in Mental Health and Non-Mental Health Settings – *J. McMahon*

- Impact on Proton Pump Inhibitor Use Post-Template Implementation in the Veteran Population – *A. Patel*
- Evaluating the Protection Against Hospital GI Bleed with Acid Suppressive Therapy in Non-Critically Ill Patients with Coagulopathy – *E. Sourounis*
- The Effect of Diabetes Medication Regimen Intensification After Hospitalization - *K. Stamer*
- Azithromycin versus Moxifloxacin for Acute Bacterial Exacerbations of Chronic Obstructive Pulmonary Disease - *M. Swihart*
- The Effectiveness of the Edward Hines, Jr. VA Hospital VTE and ACS Heparin Nomograms After the Heparin Potency Change – *S. Szulc*

Residency Class of 2009 – 2010

- Evaluation of Appropriateness/Inappropriateness of Medication Prescribing Using the STOPP/START Criteria in Home Based Primary Care Veterans – *M. Brahmabhatt*
- Efficacy of the Endotool® Glucose Management System in the ICU Setting – *S. Hasan*
- Characteristics Associated with Accuracy of Non-VA Medication Documentation in the Medical Record in a Home Based Primary Care (HBPC) Population – *J. Hseih*
- Outcomes of Ceftriaxone Use in Methicillin Susceptible Staphylococcus Aureus (MSSA) Bloodstream Infections – *E. McKissic*
- Re-Hospitalization Rates of Veterans Who Are Treated with Azithromycin and Have Both Varying Chronic Obstructive Pulmonary Disease (COPD) Exacerbation Severity and Risk for Multiple Drug Resistant Organisms – *L. Narbutas*
- Implementation of a Clinical Pharmacist Managed Amiodarone Monitoring Clinic – *M. Rafinski*
- Outcomes of the Implementation of a Renal Pharmacist Service in an Outpatient Dialysis Unit of a Veterans Hospital – *A. Tardi*

Residency Class of 2008 – 2009

- Evaluation of an Educational In-Service on Appropriate Use of Pharmacologic Venous Thromboembolism Prophylaxis – *L. Babjak*
- Clinical Pharmacist Impact on Lowering Hemoglobin A1c in Diabetic Patients Compared to Those Receiving Standard Care – *K. Bacigalupo*
- A Retrospective Analysis of the Effects of a Pharmacist Managed Inpatient Anticoagulation Service at a VA Hospital – *K. Dincher*
- Evaluation of Blood Pressure in Hypertensive Patients Following Formulary Conversion in Angiotensin Receptor Blocker – *T. Kurup*
- The Impact of Glucose Control in Non-Intensive Care Hospitalized Patients – *L. Labbe*
- Outcomes of a Pharmacist-Based Monitoring Program on Warfarin Therapy in Home Based Primary Care Veterans – *J. Selvage*
- Retrospective Comparison of Adherence to Statins Between Patients with Schizophrenia and Patients Without Mental Illness – *M. Zasadzki*

How does the Hines VA Hospital medical staff perceive the pharmacists? Copied below are quotes from medical staff.

"You must remember that from my earliest days as a medical student at the University of Illinois I worked closely with clinical pharmacists and pharmacy students. They have always been integral members of the clinical team contributing their unique expertise to the care plan and sometimes to the diagnostic approach to the patients. I believe that the quality of care measurably improves when clinical pharmacists can round with the staff and attend patient care staffings. I have sorely missed their help when I have worked in hospitals or in facilities that did not have them readily available. I believe that their active participation in the Community Living Center, Geriatric Primary Care Clinics, the Geriatric and Evaluation Program and Home Based Primary Care is absolutely essential to ensure best practices. My only regret here is that we don't have more of them!"

Jack M. Bulmash, M.D., Chief of Staff, Hines VA Hospital

"As a provider who manages medical issues on an acute psychiatric floor, I have come to realize the importance of a multidisciplinary approach to patient care. I had not realized how crucial the role of the Clinical Pharmacist was until I had the pleasure of working with a PGY 1 pharmacy resident last month. He was key in providing valuable education and assistance to patients, social workers, nurses as well as prescribers. Adherence to treatment is a challenge in this patient population. The AE profile of many psychiatric meds has a profound effect on patient outcome and compliance. By participating in daily rounds, he was able to speak directly to patients regarding side effects, drug interactions, therapeutic drug monitoring, and medication management at home. His attention to detail had profound impact on compliance throughout admission and after discharge, thus preventing long hospital stays and readmission."

Veronica Cherian, PAC, MMS, Mental Health Service Line, Hines VA Hospital

"I have been working with pharmacists and pharmacies for close to three decades and always received professional and kind treatment. However, over the past few weeks, an excellent, friendly and personal service we've received from the clinical pharmacist has been like nothing else I've experienced in the past. Leading efforts to improve quality of the medication reconciliation process along with medication education provided for veterans is of great value and will lead to improved patient outcomes. Comprehensive medication histories, identifying patients with high risk for experiencing adverse effects of medications and effective discharge medication counseling has been already extremely helpful to 2-South providers and definitely boosted veterans satisfaction with our services."

Jaroslav Czarnkowski, M.D., Medical Director, Acute Inpatient Psychiatry, Mental Health Service Line, Hines VA Hospital

"I think the clinical pharmacists are an essential part of the treatment team at Hines. I rely on them to help me provide the best possible care for the patient. Often, I get paged by the pharmacist to discuss a medication order, dosing, and medication interactions. This ensures that the most appropriate and safest medication is prescribed!"

Nimisha Collins, M.D., Staff Physician, Mental Health Service Line, Hines VA Hospital

"I have nothing but wonderful things to say about my interactions with the clinical pharmacists here at Hines. I rely on my PACT team Pharm D for help with chronic pain management, chronic disease management, and general information regarding pharmaceuticals. He is an integral part of our team. The anticoagulation pharmacists are also a huge help and manage this patient population wonderfully. In addition, my interactions with the ID Pharm D's have always been positive. The Pharm D's here really help make the PACT team work."

Jessica Dayal, MMS, PA-C, PACT Team E, Hines VA Hospital

"I think the consensus is that the pharmacists are looked upon as being an asset to us in how we deliver care to the Veterans. I think their presence creates both a system of checks-and-balances as well as an added resource of information which can only improve the quality of care we provide. We are better providers of care because of the pharmacists."

Bruce Guay, M.D., Associate Chief, Medicine Service Line, Hines VA Hospital

"The pharmacists are a valuable and essential member of our inpatient/outpatient teams. Always available for questions and serve as a vital resource in optimizing patient care."

Brian Hertz, M.D., FACP, ACOS, Ambulatory Care, Staff Physician, Hines VA Hospital, Assistant Professor, Internal Medicine, Loyola University Chicago

"The clinical pharmacist is an essential member of the geriatric team. Unfortunately, a new medical problem in an older adult is all too commonly a medication side effect and/or a result of polypharmacy. The clinical pharmacist can be integral to problem solving a new medical issue as well as identifying potential risks of medications, possible medication interactions, and identify medications that can be possibly dose reduced or tapered off. The pharmacist can also provide essential education to the other trainees on the geriatric team (fellows, residents, students)."

Brian Lavery, Attending physician, Geriatrics and Extended Care, Hines VA Hospital

"The clinical pharmacists are of great assistance in the clinical care of both inpatients and outpatients. Hines VA Hospital was one of the first hospitals in the country to have clinical pharmacy as an integral part of patient care."

David J. Leehey, M.D., Professor of Medicine, Loyola, Staff Physician, Hines VA Hospital

"I think the overall perception of the clinical pharmacists here at Hines is overwhelmingly positive. They serve as a great resource for us in the clinic and on the wards, they are particularly valuable in terms of co-managing our chronic pain and chronic illness patients in the General Medicine Clinic (the diabetics, the hypertensive patients, the dyslipidemic patients, etc.). Anticoagulation Clinic runs unbelievably smoothly here at Hines, and now the inpatient pharmacy anticoagulation team helps us tremendously on dosing our warfarin patients that are admitted. I think the only issues that ever come up that would be remotely adversarial between the physicians and the clinical pharmacists is over non-formulary medication approvals when there isn't great communication between clinical pharmacist and provider, but this is usually a two way street and influenced by the impersonable CPRS non-formulary request process at times. In general, if I EVER have a difficult non-formulary issue at Hines inpatient or outpatient, I have found that having a face to face conversation/consultation resolves the matter just about every time without any animosity whatsoever."

Scott Pawlikowski, M.D., Associate Manager, Medicine Service Line, Section Chief, Primary Care, Community Based Outpatient Clinics, Hines VA Hospital

"The Clinical Pharmacists within the ICU's play a critical part in the multidisciplinary team. Not only do they round with us daily, add to the clinical discussion of medication management, but facilitate access to medications not on formulary but necessary for clinical care. In addition, they have played a key role in the development of many protocols within the ICU's including ventilator weaning, sepsis, hypothermia, hyperkalemia, and withdrawal of life support. They have also participated in Root Cause Analysis evaluations as a team member to identify systems issues and resolve them in a positive manner. As such, our Clinical Pharmacists are involved in the care of our veterans from the bedside up to an administrative role as a critical interdisciplinary team member."

Sandy Reynertson MD, FACC, Associate Chief of MSL, Inpatient and Subspecialty Services, Medical Director of the CCU, CIU and 10W Observation Unit, Hines VA Hospital

"They are perceived as a valuable asset both on the general medical wards and in the outpatient clinics."

Brian Schmitt, M.D., MPH, Manager, Medicine Service Line, Hines VA Hospital

"The Clinical Pharmacists are a necessary and essential component of the SICU Multidisciplinary Team. The clinical pharmacists attend rounds in the SICU team promoting safety, education, and up to date drug therapy. They are involved in every patient in a meaningful way throughout the day helping to solve problems. In addition, the clinical pharmacists help to provide up to date solutions to recurrent system problems thereby helping to improve the quality of care for current as well as future patients."

Geoffrey Silver, M.D., Director, Surgical Intensive Care, Hines VA Hospital

"A significant part of the philosophy and practice of Palliative Care and Hospice is that services are provided by an interdisciplinary team. Central to our team at Hines is the Clinical Pharmacy Specialist. Veterans who are nearing end of life often have complex and rapidly changing symptom management needs, as well as multiple chronic illnesses. The Clinical Pharmacy Specialist augments the efforts of other Providers on the team in maximizing comfort and minimizing medication burden; he serves as a clinical resource for the Palliative Care Consult Team and the Inpatient Hospice Team. PharmD residents and students are often a part of our team as well. Residents and students have opportunities to learn very holistic and critical aspects of care in the trajectory of many diseases, to discuss options for care with Veterans and their family members, and to participate in meaningful research projects."

Margaret Walkosz, MS, GNP-BC, ACHPN, Nurse Practitioner, Extended Care Center / Palliative Care / Hospice, Hines VA Hospital

Who are former residents who have graduated from your residency program and where are they practicing pharmacy?

Class of 2000 – 2001

Daniel J. Yee, Pharm.D.	Director of Pharmacy, Arnold Palmer Medical Center – Orlando Health, Orlando, Florida
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Class of 2001 – 2002

Palak Niraj Desai, Pharm.D.	Director of State Pharmacy for Illinois, WellCare Health Plans, Chicago, IL
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Class of 2002 - 2003

Ursula C. Patel, Pharm.D., BCPS AQ-ID	Clinical Pharmacy Specialist, Infectious Diseases, and Postgraduate Year Two (PGY2) Infectious Diseases, Residency Program Director, Edward Hines, Jr. VA Hospital, Hines, IL
Shital Desai, Pharm.D., BCPS, TTS	Ambulatory Care Clinical Pharmacy Specialist, Memorial Hermann Medication Therapy and Wellness Clinics, – Texas Medical Center, Houston, TX

Class of 2003 - 2004

Paul M. Drahos, Pharm.D.	Clinical Manager – Inpatient Pharmacy, Advocate Sherman Hospital, Elgin, IL
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Class of 2004 - 2005

Danielle Alsip, Pharm.D., BCPS, CDE

Clinical Pharmacy Specialist, Ambulatory Care, Joliet and Kankakee Community Based Outpatient Clinics (CBOCs), Edward Hines, Jr. VA Hospital, Hines, IL

Dipa Patel, Pharm.D., BCPS

Clinical Pharmacist – Medicine Liaison, Postgraduate Year Two (PGY2) Internal Medicine, Residency Program Director, NorthShore University HealthSystem, Glenbrook Hospital Inpatient Pharmacy, Glenview, IL

Stacy Thomas Scaria, Pharm.D.

Clinical Staff Pharmacist, Westlake Community Hospital, Melrose Park, IL

Class of 2005 – 2006

Justin M. Schmidt, Pharm.D., BCPS, BC-ADM

Clinical Pharmacy Specialist – Internal Medicine, Hines VA Hospital, Hines, IL / Associate Professor of Pharmacy Practice, Midwestern University Chicago College of Pharmacy, Downers Grove, IL

Jeffrey T. Wieczorkiewicz, Pharm.D., BCPS

Clinical Pharmacy Specialist – Internal Medicine, Hines VA Hospital, Hines, IL / Associate Professor of Pharmacy Practice, Midwestern University Chicago College of Pharmacy, Downers Grove, IL

Class of 2006 - 2007

Aisha Hussain, Pharm.D., BCPS

Consultant Safety Scientist, AbbVie

Annette C. Kossifologos, Pharm.D., BCPS

Clinical Pharmacy Specialist, Geriatrics - Home Based Primary Care, Edward Hines, Jr. VA Hospital, Hines, IL

Andrea Marie Mendyk, Pharm.D., BCPS

Supervisor, Ambulatory Programs, Pharmacy Service, Edward Hines, Jr. VA Hospital, Hines, IL

Julie Snyder, Pharm.D., BCPS

Clinical Pharmacist / Emergency Medicine Specialist, Antelope Valley Hospital, Lancaster, CA

Class of 2007 - 2008

Faten Abdelfattah, Pharm.D.

Pharmacist

Kathryn Kuhn Braddy, Pharm.D., BCPP

Clinical Pharmacy Specialist, Mental Health, Baltimore VA, Baltimore, MD

Cynthia Dorsch Bakker, Pharm.D.

Medical Drug Library Pharmacist, Baxter Healthcare Corporation, Deerfield, IL

T. Christopher Little, Pharm.D., BCPS

Director, Utilization, Mercy / ROI, St Louis, MO

Jacqueline Pham Shehata, Pharm.D., BCPS

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Class of 2008 - 2009

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Class of 2009 - 2010

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Jannet Yung-Jing Hseih, Pharm.D.	Staff / Clinical Pharmacist, Neuro Rehabilitation and Transitional Care, Bridgepoint Hospital, Toronto, Ontario
Erin L. (McKissic) Tiesch, Pharm.D.	Clinical Pharmacist, Anticoagulation Clinic, Good Shepherd Hospital, Barrington, IL
Laura A. (Narbutas) Lane, Pharm.D.	Clinical Pharmacist, CVS/Caremark Specialty Pharmacy, Mount Prospect, IL
Michelle R. (Rafinski) Solano, Pharm.D., BCPS	Clinical Pharmacist, Medicare Review Team CVS/Caremark Specialty Pharmacy, Mount Prospect, IL
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Class of 2010 - 2011

Nancy A. Kablack, Pharm.D.	Clinical Pharmacist, Anticoagulation Management Center, Allegheny General Hospital / Allegheny Health Network, Pittsburgh, PA
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Kathleen A. Stamer, Pharm.D.	Clinical Staff Pharmacist, Advocate Christ Medical Center, Oak Lawn, IL
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Class of 2011 – 2012

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Robina Cyriac, Pharm.D.	Clinical Pharmacist, James A. Haley Veterans' Hospital, Tampa, Florida
Jayme (Greenberg) Magrady, Pharm.D.	Clinical Pharmacy Specialist, Anticoagulation, Edward Hines, Jr. VA Hospital, Hines, IL
Dina Nakhleh, Pharm.D., BCPS	Emergency Medicine Clinical Pharmacist, Gottlieb Memorial Hospital, Melrose Park, IL
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Class of 2012 – 2013

Esha J. (Jaidka) Mehta, Pharm.D.	Pharmacist
Sarah Matias, Pharm.D., BCPS	Clinical Pharmacist, Aurora St. Luke's Medical Center, Milwaukee, WI
Shannon Pace, Pharm.D.	Clinical Pharmacy Specialist, Formulary Management and Clinical Outcomes, Milo C. Huempfner VA Health Care Center, Green Bay, WI
Gopi Patel, Pharm.D.	Clinical Pharmacy Specialist, Anticoagulation, Edward Hines, Jr. VA Hospital, Hines, IL
Jeremy Raschke, Pharm.D., BCPS	Clinical Pharmacist, Internal Medicine, New Mexico VA Hospital, Albuquerque, NM
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Class of 2013 -2014

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Kristopher Leja, Pharm.D.	Clinical Pharmacist, Jesse Brown VA Medical Center, Chicago, IL
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Class of 2014 -2015

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Postgraduate Year Two Pharmacy Resident,
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Pharmacy Benefits Management Central Texas
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Judy N. Sungvoo, Pharm.D.

Clinical Pharmacy Specialist, Anticoagulation, VA
Portland Health Care System, Portland, Oregon

What are the names of the current residents? Can I contact them?

Listed below are the current pharmacy residents. They look forward to discussing the program with candidates from a resident's perspective. Residency candidates can email them or call them directly in their office using the contact information below:

Takreem Basheeruddin, Pharm.D.: Takreem.Basheeruddin@va.gov, Phone: (708) 202-8387 extension 22488

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Who can I contact if I desire more information about human resources policies?

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Link to website: http://www.hines.va.gov/about/pharm_residency.asp